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PERSONNEL

New Bureau Rehabilitation Services Staff

Region 1

Arnold "Arnie" Ransom began as Area Supervisor for the Gary East office, Area 2, on February 4, 2013. He served as a VR Counselor from 1988 to 2005 in the Gary West office. In 2005 he left state employment, but returned to the Gary West office in late November, 2011.

Region 2

Dena Polston began as a VR Counselor in the Marion Office, Area 10; on February 4, 2013 Dena received her Master's degree in Adult & Community Education from Ball State University in July 2012.

Region 3

Ethel Smith began as a VR Counselor in the Anderson office on February 4, 2013. Prior to this position, Ethel served as the Supervisor in the Indianapolis West office, Area 15, and Columbus office, Area 22.

Stephen Upchurch began as Area Supervisor in the Indianapolis office, Area 14, on February 18, 2013. Prior to this position, Steve served as a VR Counselor in the Indianapolis East office, Area 13, and in the Clarksville office, Area 25.

Region 5

Jessica Martin began as a VR Counselor in the Indianapolis South office, Area 16, on January 7, 2013. She has a Master's Degree in Rehabilitation Counseling and is a Certified Rehabilitation Counselor.

Denise Smith began as Area Supervisor in the Columbus office, Area 22, on February 4, 2013. Prior to this position, Denise served as a VR Counselor since 1997. Her work history includes Muscatatuck State Developmental Center as a Case Manager underfill in 1991 and an employment counselor for Workforce Development from 1992-1997.

WEB ADDITIONS

Provider Meeting Announcement
DDRS will be hosting a Quarterly Provider meeting on April 24, 2013 from 1-4 pm in the Indiana Government Center South Auditorium. The meeting announcement and agenda will be posted to the DDRS Announcements page.

DDRS Initiatives
A DDRS Initiatives section has been added to the DDRS website, which includes informational webpages for Supervised Group Living Conversions, Health Homes and the Balancing Incentive Program**.** All three pages will be updated with information for providers, consumers and families as each initiative progresses.

Documents, Forms, Policies and Manuals
Providers are reminded to refer to the DDRS website for the most current versions of forms, policies, manuals, announcements and clarifications related to waiver programs operated by DDRS. As updates and changes are announced and posted, any hard copies kept in your possession may have become outdated.

Before submitting/downloading documents to DDRS, please ensure the most current version is being used.

Helplines
Providers of non-case management waiver services are reminded to submit waiver- and service-related questions through the BQIS Helpline at BQIS.Help@fssa.IN.gov rather than via calls and emails to State staff. (Case Managers submit questions through the Advocare ticket system)

Waiver-related billing questions are to be submitted through the INsite Helpdesk at INSITE.HELPDESK@fssa.in.gov.

BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES

Employment Services and Innovation (ESI)
In July 2012, the Employment Services and Innovation Program launched the Indiana Training and Employment Results Network (INTERN). INTERN is an internship to employment program that provides employment opportunities to people with disabilities within state government and with employers who are located at the Government Center (i.e., Pitney Bowes). Candidates are referred to the INTERN program by either a state Vocational Rehabilitation counselor or by a Community Rehabilitation Provider. Once accepted into the program, the candidates are matched to appropriate internship opportunities that could lead to full time employment. Since July, there have been 15 full time hires and one part-time hire of the program candidates. Primary disability of the placed INTERN candidates: Physical: 8, Cognitive: 5, Mental Illness: 3.

Provider Relations Approvals

The chart below indicates the number of existing providers who requested and were granted approval to provide additional waiver services. It also shows the number of agencies/individuals who submitted proposals and were granted approval as new waiver providers.

	January 2013	February 2013	March 2013	Total Approved
Approval of Existing Providers Adding Services	1	0	1	2
Approval of New Providers	1	0	0	1

Supervised Group Living Vacancy

First Quarter 2013 January 1 – March 31	
Placements	93
Vacancies as of March 31, 2013	134
Total Capacity (Vacancy Rate)	3,689 (3.6%)

BDDS Waiver Data

	BDDS Waiting List	**Individuals Targeted January 1, 2013 – March 31, 2013**	**Total Served**
Family Supports Waiver (formerly SS waiver)	6,548	1,196	5,680
Community Integration and Habilitation Waiver (formerly DD and AU waivers)	n/a	n/a	7,845

Powerful Parents Groups
In 2013, Powerful Parents groups throughout the state will continue to hear about DDRS' program/policy changes or updates, have an opportunity to have their questions answered, and engage in networking opportunities with other parents, guardians, and family members of individuals with developmental disabilities.

This year's topics cover:

- Supervised Group Living (SGL) home converting to Medicaid Waiver homes
- The State's proposal to implement Health Homes, which is a service that provides coordinated health care to individuals with chronic conditions

Note: The State is only proposing health homes at this time, and will be submitting its proposal to the Centers for Medicare and Medicaid Services (CMS) as part of its State Plan Amendment (SPA) for Health Homes. A copy of the proposed SPA and final documents, as well as other information for families, providers, and stakeholders, will be published to the Health Homes webpage as they are submitted to and approved by CMS.

Upcoming meetings include visits to Richmond, Evansville, Terre Haute, Valparaiso, and South Bend and for more information on specific dates, which are listed for the upcoming month, please visit our Commissions and Councils page of DDRS' website. Parents and family members who wish to attend a meeting in their area **must** RSVP by the date listed, as space is limited. Please RSVP and send questions or comments to PowerfulParents@fssa.in.gov.

BUREAU OF REHABILITATION SERVICES

2014 BRS State Plan Public Hearings
Three public hearings will be held April 29 and 30, 2013 throughout the state. Each hearing will have a webinar option for the public to access and leave their comments. On May 2, 2013 there will be a conference call option for the public to call in and leave their comments. Comments in writing will be accepted through May 3, 2013. People are encouraged to review the draft plan and offer comments. Additional information on the events can be found in the following webpage.

Blind & Visually Impaired Services (BVIS)
The BRS Business Enterprise Program (BEP) continues to expand employment opportunities for licensed vendors who are blind. New opportunities include the following:

- BEP is submitting a proposal for laundry service for military vests. If awarded, this will provide an excellent opportunity for a licensed vendor. Additionally the licensed vendor will be seeking to hire up to 20 employees. Job seekers with disabilities will be encouraged to apply for these positions.
- BEP is opening up another state park snack bar for a newly renovated water park at Prophetstown State Park.

For additional information, please contact Locket Phillips at Locket.Phillips@fssa.IN.gov.

Deaf & Hard of Hearing Services (DHHS)
There is an upcoming training to be held at Turkey Run, May 7-9, 2013, focusing on improving services to individuals who are deaf or hard of hearing, blind or visually impaired, and individuals who experience both visual and hearing impairments. VR Counselors, Independent Living Center staff, Interpreters and other professionals will be in attendance. For more information about this training event, please contact Rhonda Marcum at Rhonda.Marcum@fssa.in.gov.

INDATA Full Day Trainings
The INDATA Project at Easter Seals Crossroads provides Full Day Assistive Technology Trainings, to the general public, five times each year. These full day trainings focus on a particular type of assistive technology (learning disability systems, apps, low-tech, etc.) and are held at Easter Seals Crossroads' location in Indianapolis. Participants also have the option of attending trainings via a live web-streaming, which is archived for later viewing. Weekly tech tips are also available via the INDATA Project's YouTube channel.

VRS Success Story
Following is an excerpt from one of the responses that was received from a person with a disability who worked with Vocational Rehabilitation to obtain competitive employment:

"I'm very pleased and grateful for how my VR Counselor has treated me and how this program has helped me and helped make it possible for my success on my job and while I was attending Ivy Tech. Thanks to your program and the Counselor for all your help and services."

Federal Indicator Progress
BRS is nearly six months into Federal Fiscal Year (FFY) 2013 and already showing significant progress towards meeting the Federal Indicators. At the close of FFY 2012, BRS was below standard on one indicator. At this time, BRS is below on one indicator, but anticipates hitting the target by September 30, 2013. BRS Management would like to thank all staff and stakeholders for their continued daily efforts in fulfilling the BRS Mission and assisting individuals with disabilities in obtaining/maintaining employment.

Federal Performance Indicator	Federal Target	Indiana Result FFY 2012 October 1, 2011 - March 2,2012	Indiana Result FFY 2013 October 1, 2012 - March 25, 2013
1.1 Total Rehabilitation Equal to/Greater Than Previous Year	Previous Year's total: FFY 2012: 4,714	2,528	2,480
1.2 Rehabilitation Rate	55.80%	59.15%	60.31%
1.3 Competitive Employment Outcome	72.60%	97.47%	96.61%
1.4 Percentage of People (Competitively Placed) With Significant Disability	62.40%	76.58%	76.94%

1.5 Ratio of Avg. Hourly Wage (Competitive Rehabilitants) to Avg. Hourly Wage (All Employed Hoosiers)	0.52 ratio	.59	.59
1.6 Own Income Largest Source of Support at Closure Compared to Start of Services	53.0	51.50	51.84
2.1 Service Rate for Minorities	.80	.81	.82

VRS Customer Satisfaction Survey Results: January 1, 2012 – February 20, 2013

In the past 14 months, the BRS has received 1,868 responses to our customer satisfaction survey. These surveys were to be provided to every individual whose case had been closed after an individualized plan for employment was initiated.

The survey consisted of a set of 15 questions and addressed matters related to the types of services consumers received, the way they were treated, and their employment results. Each question was rated on a five point scale, where five means "very good" and one means "very bad."

On every measure, our consumers rated their experiences as good or very good. The table below summarizes these results. It contains the average (mean) score for each item for two time periods: May 17, 2010 through August 30, 2011 and January 1, 2012 through February 20, 2013. The previous time period reflected the survey results from the last analysis of satisfaction data that was published. The later time period reflected the survey responses received beginning January 1, 2012 that used the same questionnaire and dissemination method. (A new survey and distribution methodology was subsequently deployed January 1, 2013.)

The scores were remarkably consistent over time, and in every instance, the more recent responses were slightly higher than the previous ones. As evidenced by the scores in the table below, VR consumers consistently rated their experiences with their counselors and service providers (questions one and ten through 13) as good or very good. They rated fringe benefits associated with their jobs lowest, although still above average.

Item	May 17, 2010 - August 30, 2011	January 1, 2012 - February 20, 2013
1. Easy to Visit My Counselor	4.43	4.48
2. Like the Job I Have Now	4.35	4.39
3. Provides Fringe Benefits	3.56	3.62

4. Satisfied with Fringe Benefits	3.57	3.60
5. Got the Job I Wanted	4.16	4.18
6. Got the Services to Keep My Job	4.42	4.45
7. Chose the Kind of Job I Wanted	4.29	4.32
8. Chose the Kind of Help I Got	4.34	4.41
9. Chose the People Who Helped Me	4.26	4.29
10. Like the Way the Counselor Treated Me	4.66	4.69
11. Like the Way Other VR Staff Treated Me	4.55	4.58
12. Like the Way Other Providers Treated Me	4.55	4.58
13. Able to Talk to My Counselor When I Wanted	4.47	4.51
14. Got Services Fast Enough	4.36	4.41
15. Would Send My Friends to VR	4.56	4.57

Independent Living

The Indiana Council on Independent Living (ICOIL) has a committee drafting a new three year state plan for independent living services. The committee has met several times and held webinars and additional meetings are scheduled for April and May to complete the plan. The new plan is due to RSA on July 1, 2013. They plan to include a logic model which will be used to create an actionable and accountable strategic plan. At the present time the four goals of the new state plan are as follows:

- Goal One: Education & Information
- Goal Two: Outreach & Increased Partnerships
- Goal Three: Membership Enhancement
- Goal Four: Expansion of Centers for Independent Living Statewide.

The goal is to have the plan written and submitted to BRS for their approval and signature by early to mid May. This new plan will go into effect on October 1, 2013. For additional information, please contact Nancy Young at Nancy.Young@fssa.IN.gov.

BUREAU OF QUALITY IMPROVEMENT SERVICES

Staff's Children in Consumers' Homes

Over the past several months the Bureau of Quality Improvement Services (BQIS) has become aware of multiple instances of provider staff bringing their children to work with them in consumers' homes. It is understandable that this contact may provide consumers opportunities to increase their social skills.

However, staff supervising their children while also being paid to provide services is a conflict of interest for the provider and has the potential to result in negative outcomes for consumers. Providers should be aware that BQIS will investigate any negative outcomes occurring when a staff's child was in the consumer's residence as neglect (as defined in 460 IAC 6-3-36), due to the potential decrease in staff's ability to provide appropriate supports, supervision, food, or medical care. In addition to which, staff bringing visitors, adults or children, into a consumer's home creates the potential for breaches in consumers' confidentiality, along with potential HIPAA violations due to visitors unwittingly being exposed to protected health information.

To assure consumers' health and welfare is not negatively impacted; BQIS strongly encourages all providers that currently permit staff to bring their children to work to incorporate, at minimum, the following safeguards into this practice:

- Allowing staff to bring their children to work creates at least the perception of financial exploitation since provider staff benefit from the consumer receiving state-funded services in a home environment by not incurring child care expenses. To avoid/reduce the potential for this perception, providers allowing this practice should consider doing so only on a non-routine basis.

- It is the consumer/guardian's right to decide if/when they would like to have visitors in their home, and how long these visits will last. Staff's personal schedules should not initiate or dictate when these visits occur. If all consumers in the home, and/or their guardians, agree that they want to invite staff's children to visit, then the provider should assure that children will be accompanied by non-staff or not-on-the-clock caregivers. Consumers also have the right to change their minds about any given visit.

- Providers will want to consider having discussions about consumers inviting visitors to their homes in team meetings to avoid perceptions of staff financially benefitting from consumer. Providers will also want to maintain documentation of these discussions and any resulting decisions.

- If visitors will be with consumers during meal times, staff will need to supply their own food for themselves and their children. It will be important to ensure the participant does not have access to items that are not in accord with their diet. A plan may be necessary for how to handle a situation if a consumer becomes distraught when not allowed to eat this food.

- For residential habilitation and day program services, providers' level of reimbursement is based on whether a staff person's attention will either totally be focused on one individual, or focused the appropriate percentage of time (per consumers' service planners) on each individual. It is unclear how staff can be doing this if they are also supervising their children. This is particularly of concern for those consumers with a higher level of need (e.g., Algo 5) for whom the state is paying for a higher level of support. If it is decided that a staff person will bring their children to work, children should be accompanied by a non-staff caregiver.

- Providers should institute a policy with its expectations for how consumers can be supported to invite visitors to their homes. As with any policy, providers should share with staff, and monitor to assure that provisions are being implemented as directed.

A New Communication: Combined Analysis of Complaints Investigated and Provider Compliance Reviews Conducted with October 1, 2012 – December 31, 2012 Data

BQIS is identifying a number of consistencies between substantiated allegations identified in complaint investigations and issues identified, and supposedly corrected through the corrective action plan process, in provider compliance reviews (using the Compliance Evaluation Review Tool (CERT)). In this communication, BQIS uses information collected from complaint investigations and CERT reviews conducted through December 2012 to discuss examples of these consistencies and provide recommendations for providers.

As providers develop their corrective action plans for either complaint investigations or provider compliance reviews (CERT), BQIS strongly encourages providers to propose plans they feel confident they can implement systemically across their organization and monitor to assure revisions are producing desired outcomes.

The summary of results and recommendations are grouped into the following general categories:

- Provider Qualifications
- Abuse, Neglect, Exploitation
- Ethics
- Risk Plans
- Behavioral Services
- Lack of Documentation
- Transitions
- Conflict of Interest
- Consumer Finances
- Habilitation Services and Plan
- Medical Services
- Environment

This communication also includes separate sections analyzing findings from complaint investigations and CERT reviews. The majority of CERT reviews being conducted at this time are on the smaller types of services providers, i.e. behavioral clinicians and therapists (music, speech, physical, recreational, and speech therapists). The areas identified as the most non-compliant are broken out by service provider type.

The purpose of this information is for providers to assure alignment of their practices, procedures and files with the outlined regulations. Providers taking this approach will reduce organizational risk and facilitate a smoother, more positive review process. The new Quality Communication is available on the BQIS webpage.

Incident Reporting Communication with October 1, 2012 – December 31, 2012 Data

BQIS has updated its statewide, aggregated incident reporting data related to all individuals receiving DDRS-funded HCBS waiver services during the second quarter of FY2013. Highlights of this quarter's communication include:

- Difference between an allegation of neglect and a rights violation
- On-site Medication Assessment Tool
- Guidelines for helping non-waiver staff understand how to implement consumers' dining plans
- Top reasons for emergency room visits
- Importance of "hands on" competency based testing

Providers will want to review this information and compare and contrast it to their own incident data to see if/how their agency contributed to upward trends. Throughout the communication BQIS has made recommendations for providers to consider. Providers will also want to think about how they can incorporate aggregate statewide data it into their internal training programs.

Aggregated data and analysis is presented on provider response time for reporting and closing incidents, and providers' follow-up actions when investigating incidents of abuse, neglect, or exploitation allegations. This quarter's Incident Reporting Communication is available on the BQIS's Incident Reporting webpage.

Mortality Review Communication with October 1, 2012 – December 31, 2012 Data

On a quarterly basis BQIS posts mortality data and systemic recommendations resulting from its Mortality Review Committee. While this data may pertain to co-morbid conditions that are not directly attributable to the cause of consumers' deaths, providers' further examination is warranted as the risks involved with these conditions may have contributed to the cause of death. This month's topics include the following:

- Fluid Tracking
- Medication Orders and Diet
- Risk Plans for GERD
- Over the Counter Medication
- Recognizing and Responding to Changes in Status
- CPR and Obesity
- High Risk Concerns - Mock Drills
- Pneumovax Recommendations
- Risk Plan and Staff Training for G-Tube Placement
- Positioning Logs— Decubitus Ulcers
- Emergency Contact Information
- Access to 24/7 Pharmacy Services
- Familiarity with Local Acute Care
- Communication at Change of Shift

BQIS expects that providers will review and use this information to increase its staff's awareness of issues contributing to deaths of individuals with intellectual disabilities, and to make necessary systems changes to prevent future deaths and other negative outcomes for individuals with disabilities. This quarter's Mortality Review Communication is available on the BQIS webpage.

Clarification of DDRS' Policy on the Use of Restrictive Interventions and Psychotropic Medication Management Plans

To assure consumers' health and welfare, there a number of protective measures that must be in place when a consumer uses psychotropic medications. DDRS expects that teams supporting consumers who have been prescribed psychotropic medications have established systems to routinely review the medication's effectiveness on the consumer, appropriate medication dosage, and need for continued use of the medication. To meet the state's ongoing need to assure consumers' health and welfare, all consumers prescribed psychotropic medications must have a Medication Management Plan in place prior to, and throughout the duration of time that a consumer is taking a psychotropic medication. These are requirements are specifically addressed in 460 IAC 6-18-2 and the DDRS Policy on Use of Restrictive Interventions.

> *A psychotropic medication management plan is prescribed by a physician and incorporates data and information from the consumer's support team and addresses the starting, stopping, and adjusting of the psychotropic medication.*

At minimum, a psychotropic medication management plan should include:

- List of psychotropic medications prescribed;
- Name of physician prescribing psychotropic medications;
- Diagnoses that each psychotropic medication is being prescribed to treat;
- Side effects of each psychotropic medication;
- List of behavioral and other data/information the consumer's support team provides the prescribing physician to assist evaluating the effectiveness of treatment, and the frequency this is being provided;
- Information about any medication changes; and
- Information that addresses the starting, stopping, and adjusting of the psychotropic medication.
- When a medication reduction plan is not being considered, 460 IAC 6-18-2 requires documentation indicating that a medication reduction plan was implemented within the past 5 years and proved to be not effective.
- There must also be informed consent as well as a documented review and approval by a designated Human Rights Committee (HRC).

A physician's prescription is not an acceptable medication management plan. Additional supportive documents are necessary as evidence that a physician reviewed what was happening with the consumer, assessed the current plan's appropriateness, and determined what changes were necessary, if any, to better support the consumer. To develop/maintain a medication management plan, behavioral clinicians will have to request and use information from physician notes, documentation from consumers' appointments with physicians, and any physician orders. There needs to be evidence of physician participation in determining whether it is acceptable for the consumer to continue using prescribed psychotropic medication.

BEST PRACTICE: Behavioral Clinicians attend the appointments with the psychiatrist or prescribing physician where they can work together to develop the medication management plan. This plan would then be reviewed and confirmed with physician's signature. If the physician refuses to participate in developing a medication management plan, the Behavioral Clinician would then document it in the quarterly progress notes. Also, if the physician refuses to sign a medication management plan, that the Behavioral Clinician has created, it should be documented in the quarterly progress. In both of these situations, the team may want to discuss the possibility of finding a new physician.

FIRST STEPS

ED Team Manual

The ED Team manual as been revised and the ED Team has been renamed the Assessment Team to more adequately represent the work that they do. The manual was also divided into two parts and can be found on the First Steps' Polices webpage.

Practice Manual

First Steps is also working on revisions to the First Steps practice manual. The manual will be posted in sections and will include relevant issue clarification. When the manual is posted, a link will be posted on the FS homepage under "I want to find out what's new with First Steps."

Grant Application
First steps will be turning in its annual grant application. As part of the responsibilities of the application, public comments may be submitted to the firststepsweb@fssa.in.gov . In addition public hearings will be held in the upcoming weeks, and the application and notice can be found on the First Steps' Program Evaluation Information webpage.

System Point of Entry (SPOE)
First Steps will be issuing the SPOE Request for Proposal in the upcoming weeks and will be available on the IDOA website.